



Incident Report

Print Date/Time: 04/07/2016 15:34
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00006058

Incident Date/Time: 3/31/2016 7:31:00 AM
Location: 11504 20TH ST NE
LAKE STEVENS WA 98258
Phone Number: (425) 345-9752
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D4	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	INC, T-MOBILE USA					
2	Reporting Party	HINSDALE, CATHY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

03/31/2016 : 07:40:32 sp0204 Narrative: 3 GRN 2 Y

03/31/2016 : 07:38:58 sp0204 Narrative: INVEST INJ

03/31/2016 : 07:33:49 SP0308 Narrative: BLKING

03/31/2016 : 07:33:47 SP0308 Narrative: DRK BLU SUBURBAN, BLK MUSTANG, DRK GRY NISSAN

03/31/2016 : 07:33:42 default_nws Narrative: 2 subj in blk 2007 mustang need eval, both hit heads, blocking

03/31/2016 : 07:32:52 SP0308 Narrative: IFO, 3 VEH MVA, UNK INJURY


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E531859

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00006058
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LOCAL AGENCY CODING	0311900
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TOTAL # OF UNITS	03	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	03	-	31	-	2016			0732	31				0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST NE		BLOCK NO. <input checked="" type="checkbox"/> 11500
		MILE POST <input type="checkbox"/>

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258764673
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LAST NAME	KINCAID	FIRST NAME	JESSICA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	11413 20TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	KINCAJR204D6	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	26	-	1980
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES	CUT TO HAND
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LICENSE PLATE #	AWJ1590	STATE	WA	VIN#	1ZVFT82H275208314
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	FORD	MODEL	MUSCP	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CHARLES CADOTTE JR PO BOX 1393 LONGVIEW WA 98632

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VERN FONK H2256244
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4259238124
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LAST NAME	HERRERA	FIRST NAME	HAILEY	MIDDLE INITIAL	B
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STREET NEW ADDRESS	7401 84TH ST NE APT N1
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CITY	MARYSVILLE	ST	WA	ZIP	982707856
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	HERREHB015J3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	23	-	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AGH4539	STATE	WA	VIN#	1GNFK16K4SJ440763
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1995	MAKE	CHEV	MODEL	SUBSW	STYLE	SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DIANE HERRERA PO BOX 1871 EVERETT WA 98206

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VERN FONK H2086407
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E531859**CASE # **2016-00006058**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MEZA NICHOLAS A																		
ADDRESS & PHONE # 11413 20TH ST NE LAKE STEVENS WA 98258														SEX M	D.O.B. MMDDYYYY 01	-	25	-	2005	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES NECK INJURY TRANSPORTED BY AID		
NAME (LAST, FIRST, MIDDLE INITIAL)		HENRANDEZ JONATHAN																		
ADDRESS & PHONE # 324 82ND PL SE LAKE STEVENS WA 98258														SEX M	D.O.B. MMDDYYYY 05	-	24	-	1999	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

V3 was stopped in eastbound lane of 20th St NE near 115th Ave NE waiting for a vehicle in front to turn left. V2 was approaching V3 and was slowing down because traffic was stopped. V1 was traveling eastbound on 20th St NE and struck V2 in the rear, pushing V2 into V3. Driver of V3 stated she couldn't see the vehicles stopping because the sun was glaring in her eyes. The sun was rising from the east and made it difficult to see on the road. Driver of V3 had a cut to her hand from the airbag. The juvenile passenger in V3 hit his head on the dash but was conscious and alert. He was transported to the hospital by the fire department. All vehicles were able to be driven from the scene and did not need to be towed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
04-05-16 09:56 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

4/7/2016 4:17:35 AM

BADGE OR ID #	0138	ORI #	WA0311900	TIME POLICE DISPATCHED	7:32 AM	TIME POLICE ARRIVED	7:34 AM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. **E531859**CASE # **2016-00006058****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐INTRASTATE ☐

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4258709934

LAST NAME

FOUDRAY

FIRST NAME

MONA

MIDDLE INITIAL

R

STREET NEW ADDRESS

9230 15TH ST NE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

FOUDRMR423LM

STATE

WA

SEX

F

D.O.B. MMDDYYYY

06

-

14

-

1958

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AFA6055

STATE

WA

VIN#

KNDPCCA29B7130165

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2011

MAKE

KIA

MODEL

SPORT

STYLE

UT

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. M FOUDRAY 9230 15TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒

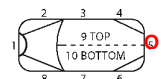
INSURANCE CO & POLICY # GEICO 4077004028

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138**04-05-16 09:56 AM**

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

0138

ORI #

WA0311900

APPROVED BY
MINERDATE
4/7/2016

PAGE 3

OF 4

REPORT NO. E531859

CASE # 2016-00006058

DATE AND TIME
OF COLLISION 03/31/16 07:32

